



INTELL. LIBRARY



Annual Report

OF THE

Medical Officer of Health,

For the Year 1925.

MALCOLM MANSON, M.C., M.A., M.D., D.P.H.,

Medical Officer of Health.

WHITEHAVEN :

Printed by W. H. MOSS & SONS LTD., 13, Lowther Street.

1926.



Annual Report

OF THE

Medical Officer of Health,

For the Year 1925.

MALCOLM MANSON, M.C., M.A., M.D., D.P.H.,

Medical Officer of Health.

WHITEHAVEN:

Printed by W. H. MOSS & SONS LTD., 13, Lowther Street.

1926.



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30272798>

TO THE MAYOR AND CORPORATION OF THE
BOROUGH OF WHITEHAVEN.

TOWN HALL,
WHITEHAVEN.

March 26th, 1926.

Mr. MAYOR, Miss HELDER and GENTLEMEN,

I beg to present to you my Annual Report for the year 1925. The Ministry of Health in its latest Circular on the Annual Reports of Medical Officers of Health, has stated that the Report for the year 1925 should be on a much fuller scale than in normal years, and should be of the nature of a Survey Report covering the period of five years, from 1921 to 1925, and giving not only a more detailed account of all the conditions affecting the health of the district, but also a general account of such progress as has been made in matters affecting the health of the community during that period. It will therefore be necessary for me to cover a good deal of ground which has already been gone over in previous reports, so as to comply with the directions of the Ministry of Health.

Before proceeding with the general matter of the Report, I wish to make a few observations on the present outlook and general scope of Public Health work or Preventive Medicine, and to refer briefly to the changes which have taken place during the past ten or fifteen years. Twenty years ago, the duties of a Health Authority were practically confined to dealing with matters affecting the environment of the population under its care, such as water supply, sewage disposal, housing conditions, prevention of nuisances, and efforts to control certain specified infectious diseases. The individual citizen only received attention from the Health Authority if he happened to be suffering from such a condition as scarlet fever or diphtheria, which might render him a danger to his neighbours. When he was removed to an Isolation Hospital, this was done rather as a means of preventing spread of infection than for purposes of treatment.

During the past fifteen or twenty years there has been a very marked widening of the scope of Preventive Medicine, and one by one many additions have been made to the duties of Local Health Authorities, so that these may now include,

in addition to all the original activities of a Health Department, Medical Inspection and Treatment of School Children, Maternity and Child Welfare work, Municipal Midwifery services, Tuberculosis and Venereal Disease Clinics. It is true that the School Medical Work is done under the Education Authority, while the Authority for Tuberculosis and Venereal Diseases is the County Council, but in most towns of the size of Whitehaven the majority of these activities are carried out by the same staff, which makes for the unification in practice of most of the public medical services. The tendency, too, at the moment is all towards further simplification and unification of the health services generally, and if the proposals put forward recently by the Minister of Health become law, we shall shortly see the transfer of such medical duties as are at present carried out by Boards of Guardians to existing Public Health Authorities. While no one interested in health work can deny the great value of having all health services co-ordinated under one Health Authority, there is great variation of opinion as to what should be the constitution of that Health Authority, and it is not likely that the present proposal to make the County Council the supreme local health authority will be accepted with unanimity. Personally, I am of opinion that the grouping of a sufficient number of small authorities such as exist at present, into one with a population of from 50,000 to 100,000 is what ought to be aimed at. Such an authority, endowed with all the powers of Local Government, would make for efficiency in every way.

The practice of medicine generally is, I believe, becoming more and more preventive in its direction, but the emphasis in both public and private practice of medicine is still laid far too much on disease and how to prevent or cure it rather than on health and what we must do to maintain and preserve it. The maintenance of health rather than the prevention of disease should be the aim of a Health Authority. This is the aim very largely of Child Welfare Work, but it should be the aim of every department of medicine. This means, of course, that the work of a Health Department must be to a very large extent educational, and directed towards overcoming the ignorance which is the chief foe to health.

The chief need of the day is to raise the standard of health of the community generally, and this can only be done by educating the individual citizen in the art of living a healthy life. Education is always a slow process, but I believe that there are signs that the efforts of sanitarians in the past to produce an enlightened and well-informed public opinion in matters of health are gradually producing some effect, and that this will increase as the years go past.

With these introductory observations, I shall now proceed with the report proper, following the various headings suggested by the Ministry.

Area of Borough in acres	...	...	...	1,810
Population (Census, 1921)	...	...	...	19,810
Population (estimated 1925)	...	...	...	20,690
Number of inhabited houses (1921)	...	...	...	4,007
Number of families or separate occupiers (1921)	...	...	...	4,188
Rateable Value	...	...	...	£80,659
Sum represented by a penny rate	...	...	...	£320

POPULATION.

The population given for the year 1925 is the figure estimated by the Registrar General from information in his possession as to movements of population and excess of births over deaths. In my opinion it is an underestimate, and I believe that a more accurate figure would be 20,800. I have, however, for purposes of uniformity, based my calculations of the Birth and Death Rates for the year on the figure estimated by the Registrar General.

PHYSICAL FEATURES.

Whitehaven lies for the most part in a narrow valley which opens at each end on the sea. The valley is flanked on the north-east and south-west by steep slopes which rise to an elevation of between 200 and 300 feet. The older part of the town, which contains more than half of the occupied houses, is situated on the floor of the valley, while the more modern houses, as well as some of the older ones, are built on the rising ground on each side. The town has extended during the past few years both to the north and to the south, and it is expected that all further extensions will be more or less confined to these directions, unless it is possible for industrial extensions to take place along the valley in the direction of St. Bees. The subsoil in the lower parts of the town is mostly sand, and in the higher clay, or a mixture of one or both of these with gravel. The configuration of the ground has no doubt been the determining factor in bringing about that extraordinary crowding together of houses in its central part, which is so marked a feature of the town.

SOCIAL CONDITIONS.

Whitehaven is an industrial town but is also the chief market town for the large rural district which surrounds it. The principal industry is coal mining, which gives employment to more than one-third of the adult male population, but there are several other industries which employ many workers, such

as iron moulding, printing, flour-milling, tanning, carpet and mat making. A considerable number also find employment in the various trades and occupations which minister to the needs of the local population, which is essentially working-class. As in most mining areas there has been considerable depression during the past few years, but not a great deal of actual unemployment among coal-miners. Work has, however, not been absolutely regular, so that the standard of living has not been so high as formerly, and the clothing and food of the miners and their children have not maintained the level which they reached during the good years which followed the war. Among workers in the iron and steel industry there has been a great deal of unemployment, but these are not very numerous in Whitehaven. I am informed by the officer in charge of the Whitehaven Labour Exchange, that the average number of unemployed in the Borough during 1925 was just over 500, this including men, women, boys and girls. The great bulk of the unemployed were from the ranks of general labourers. For a period of about three months, in the autumn of the year, work at the local coal mines was very slack, so that a very large proportion of the miners were in receipt of part unemployment benefit from the Labour Exchange. For its size, however, compared with other places in the neighbourhood, Whitehaven has not suffered very severely from unemployment.

The Clerk to the Guardians informs me that the total amount of money paid out in relief during 1925, to persons belonging to Whitehaven, was over £14,400. Of this sum £12,300 was given as ordinary out-door relief, and the remainder in respect of unemployment. The payments averaged over £275 per week.

VITAL STATISTICS.

Tables I. to V. in the Appendix to this Report give the principal facts with regard to the Vital Statistics of the town for the past year.

It will be seen from Table I. that the total number of births occurring in Whitehaven during 1925 was 550, of which 278 were male and 272 female — 10 of the male and 7 of the female children born being illegitimate. The Birth Rate was 26.5 per 1,000 of population, which compares favourably with that of the previous year, which was 25.1. The tendency during the past five years has been for the Birth Rate to fall steadily from 35.05 in 1920 to 25.1 in 1924, so that there has been a slight recovery in 1925. In Table II. it will be seen that the Birth Rate for England and Wales as a whole was only 18.3, as compared with 26.5 for Whitehaven.

The number of deaths credited to Whitehaven, after dealing with inward and outward transfers, was 297—152 male and 145 female—giving a Death Rate of 13.8 per 1,000. This is an improvement on 1924 when the Death Rate was 14.9, and is the best since 1921, when Whitehaven had its lowest recorded Death Rate, that of 13.17. It compares unfavourably, however, with that of England and Wales as a whole, which was 12.2

The number of deaths occurring in children under twelve months of age was 51. This gives an Infantile Mortality Rate of 92.7, which is not nearly so good as the figure for 1924, which was 75.5, or that for 1923 which was 84.1. Various factors contributed to raise the Infantile Mortality Rate this year, and I shall refer to these later in the Report. Meantime I wish, in spite of the comparatively unsatisfactory figure for 1925 to emphasise the fact that, although there may be interruptions such as we have experienced in 1925, the general tendency is for the Infantile Mortality Rate in Whitehaven, as throughout the country generally, to fall steadily. This is seen better by taking five-year periods than by taking single years, and the following table shows the Infantile Mortality Rate for Whitehaven in five-yearly periods since 1891. Reference to Table I. in the Appendix will show that in the period 1921-1925 is included the very bad year 1922, when the Infantile Mortality Rate was as high as 167.5, and yet in spite of this, that period as a whole shows much the lowest rate.

<i>Period.</i>	<i>Infantile Mortality Rate.</i>			
1891-1895	149
1896-1900	150
1901-1905	143
1906-1910	142
1911-1915	139
1916-1920	116
1921-1925	102

It will be observed that while the Infantile Mortality Rate has been falling since 1900, it is only during the past ten years that the fall has been very marked. A rate of 102 is still much too high for a town like Whitehaven, and a considerable reduction of it ought to be well within reach of attainment.

When we come to enquire into the causes of the increased Infantile Mortality Rate during 1925, as compared with the previous year, it will be seen in reference to Table V. in the Appendix that the chief causes of infantile death have been Bronchitis and Broncho-Pneumonia, which together were res-

possible for 15 deaths out of 51. These deaths for the most part occurred during the early months of the year, when Influenza was very prevalent in the town, especially among the child population. The next most important causes of death in infants were Diarrhœa and Enteritis, and Convulsions, which together accounted for 12 deaths. As both diarrhœa and enteritis and convulsions are due in the vast majority of cases to errors in diet or unsatisfactory methods of baby feeding, it is obvious that these deaths are very largely preventable, and fortunately it is the case that with increased attention being paid to the feeding of babies fewer deaths are recorded now from these causes than was the case a few years ago. A large proportion of the deaths from bronchitis and bronchopneumonia could also be easily prevented by greater care on the part of many mothers in avoiding exposure of their children to the possibility of infection from persons known to be suffering from influenza or colds. Premature Birth was responsible for four deaths, and wasting conditions for five. Of the 51 infantile deaths, eleven occurred during the first week of life and fifteen during the first month. These figures suggest that more attention to ante-natal care might help to reduce this number.

Table III. in the Appendix gives the principal causes of all deaths during the year. It will be seen that the principal cause of death was bronchitis, which was responsible for no fewer than 47 deaths, while heart disease was given as the cause of 29 deaths and pneumonia as that of 28 deaths. Cancer comes next in order with 22 deaths, and then tuberculosis with 21 deaths. If we group together the deaths due to bronchitis, pneumonia, tuberculosis and influenza—all respiratory diseases—we find that out of a total of 297 deaths these respiratory diseases accounted for 107, or 36 per cent. I have remarked in previous reports on the heavy incidence of respiratory diseases in Whitehaven, which are usually responsible for something like one-third of all the deaths certified, and there is no doubt whatever that the incidence of these diseases could be very much reduced by greater attention on the part of the majority of the members of the community to the ordinary laws of health, especially as regards sunlight and open-air. The very poor housing conditions which prevail in the town tend to increase the prevalence of respiratory disease, more especially when to the less remediable conditions of badly situated and badly lighted houses are added the easily remediable ones of tightly closed windows, and a large open fire, combining to produce the hot stuffy atmosphere so commonly found in Whitehaven and so ideal for the spread of affections of the respiratory system. Quite apart from the provision of new houses much could be done to improve the

health of the community by making use of the ordinary methods of ventilation available in all houses, no matter how small or unsatisfactory otherwise.

Table IV. gives the deaths due to zymotic disease, 15 in all, giving a Zymotic Death Rate of 0.72. Measles was responsible for 5 deaths, whooping cough for 3, scarlet fever for 1, and diarrhœa and enteritis for 6.

GENERAL PROVISION OF HEALTH SERVICES IN WHITEHAVEN.

HOSPITALS PROVIDED OR SUBSIDISED BY THE TOWN COUNCIL OR COUNTY COUNCIL.

(1) *Tuberculosis.* There are thirty beds available at Blencathra Sanatorium, Threlkeld, for tuberculous adult patients from the County of Cumberland, while similar accommodation for children is provided at Stannington Sanatorium, Morpeth. Until recently there was also provision for adult male patients at the Engelthwaite Tuberculosis Colony at Armathwaite, but this very useful institution was unfortunately closed at the end of the year, after several years' very valuable work. There is, unfortunately, no hospital accommodation for advanced cases of pulmonary tuberculosis provided by the County Council. Surgical tuberculosis cases in children are catered for by the Ethel Hedley Orthopædic Hospital at Windermere, but there is no adequate provision for adult cases of surgical tuberculosis.

(2) *Maternity.* Until recently there has been no maternity hospital accommodation available in Whitehaven. With the opening of the new Whitehaven and West Cumberland Infirmary, however, a maternity ward of six beds, with a labour room and an observation ward has been provided, and the Town Council has entered into an arrangement with the Infirmary Board whereby suitable cases may be sent into the Maternity Ward by the Health Department.

(3) *Children.* There is no children's hospital provided or subsidised by either the Town or County Authority. There is a children's ward in the Whitehaven and West Cumberland Infirmary, which is mostly used for surgical cases. The provision of a babies' ward for weak and badly-thriving babies would be of very considerable benefit to Whitehaven.

(4) *Fever.* Bransty Isolation Hospital, provided by the Town Council, has 24 beds and 10 cots available for cases of infectious disease other than smallpox.

(5) *Smallpox.* The Whitehaven Town Council is a contributing authority to the Derwent Joint Smallpox Hospital Board, which has a hospital at Camerton. The hospital had originally six beds, but since the epidemic of smallpox in 1924 it has been very considerably enlarged.

VOLUNTARY AND POOR LAW HOSPITALS.

During the past year the new Whitehaven and West Cumberland Infirmary has been opened. So far as it is possible to convert an eighteenth century castle into a twentieth century hospital this has been done, and the new infirmary is certainly an improvement on the old. The accommodation is 72 beds. There are male, female, and children's wards, also a maternity ward and private wards. There is an excellent X-ray installation and an electrical and ultra-violet light equipment is being installed. This hospital is a great asset to Whitehaven and the surrounding district, and ought to be of very great value to the community.

The Whitehaven Poor Law Hospital is maintained by the Board of Guardians, and serves the whole area of the Whitehaven Union. It is almost entirely used for the treatment of persons in receipt of parochial relief.

AMBULANCE FACILITIES.

(a) By arrangement with the Galemire Joint Hospital Board all infectious cases are removed to hospital in the motor ambulance belonging to Galemire Hospital. This arrangement has proved to be satisfactory, and is a great improvement on the old horse-ambulance formerly in use.

(b) A motor ambulance has recently been procured by the local branch of the St. John's Ambulance Association for the conveyance of non-infectious cases to hospital. In the case of accidents occurring at the mines in the neighbourhood a motor-ambulance, provided by the Mineowners Association, is available.

CLINICS AND TREATMENT CENTRES.

(a) *Maternity and Child Welfare Centres.* The Centre in Sandhills Lane is open every Tuesday from 2 to 4 p.m. On Tuesday and Saturday mornings artificial light treatment is given to children suffering from malnutrition and rickets. A second Child Welfare Centre has been opened during the year at the Colliery Mission, Ginns. This Centre is open twice monthly, on Friday afternoons. Both these Centres are provided by the Town Council and staffed by the Council's officers.

(b) *School Clinic.* The work of the School Clinic in Sandhills Lane has been fully dealt with in my Annual Report as School Medical Officer.

(c) *Tuberculosis Dispensary.* The Tuberculosis Dispensary at 102, Scotch Street, is provided by the County Council and is in charge of the Medical Officer of Whitehaven, who is also Assistant County Tuberculosis Officer. The Dispensary is open every Monday afternoon, and serves not only the Borough of Whitehaven, but the surrounding districts as well. Increasing use is being made of the Dispensary as a consultation centre, and during 1925 there were 695 attendances of patients.

(d) *Orthopædic Clinic.* An Orthopædic After-care Clinic is held at the Tuberculosis Dispensary once a month, for the examination and treatment of cripple children from the whole of West Cumberland. This Clinic is run by the County Council, and deals also with Whitehaven cripples under an agreement made between the County and the Whitehaven Council.

(e) *Venereal Disease Clinic.* A Clinic, where free advice and treatment is provided for sufferers from venereal disease is held once a week at the Whitehaven and West Cumberland Infirmary. It is maintained by the County Council, and is conducted by the County Specialist Venereal Disease Officer. Considerable use is made of this Clinic, and there is no doubt that the prompt and efficient treatment given there must be of great value in the prevention of spread of such a disease as syphilis.

PROFESSIONAL NURSING IN THE HOME.

(a) *General.* The Whitehaven District Nursing Association employs four trained nurses, who visit and nurse patients in their own homes, at the request and under the direction of the medical practitioners practising in the town. The work done by these nurses in the homes of the people most in need of such assistance is very considerable and of very great value, especially as it is often done under housing conditions which make their task a most difficult one. In medical cases especially, where the hospital accommodation available is by no means adequate, the services of the district nurses meet a very real need in the town and make a notable contribution towards the health of the community. Two of the four District Nurses are also midwives and do midwifery work in addition to their ordinary nursing duties.

(b) *Infectious Diseases.* For some years past all cases of infectious disease, such as measles and whooping cough, notified to me from the schools or coming otherwise to the know-

ledge of the Health Department, have been visited by the Health Visitors, principally with a view to seeing that medical advice is being obtained. It is also the duty of the visiting nurse to see that the patient is being properly attended to, so far as nursing is concerned, and in cases where assistance in this direction is necessary to give such help as she can. This arrangement has already proved itself to be of value by its educational effect, as people are beginning to realise that measles and whooping cough are serious diseases, requiring serious treatment, and once this is fully realised we may expect to see a considerable diminution in the mortality from these diseases and also in the serious complications which so frequently attend them.

In addition to measles and whooping cough all cases of ophthalmia neonatorum notified are visited by the Health Visitor, and where medical attention is not being supplied, the necessary attention is given.

PUBLIC HEALTH STAFF.

The Staff of the Public Health Department consists of :—

(a) The Medical Officer of Health, who is also School Medical Officer, and in addition holds the offices of Medical Officer of Health for the Whitehaven Rural District and Cleator Moor Urban District, and Assistant Tuberculosis Officer under the County Council. He acts as Medical Officer to the Infectious Diseases Hospital, and to the Maternity and Child Welfare Centres, and as Inspector of Midwives in Whitehaven. He is also Certifying Factory Surgeon for the Whitehaven area. He devotes his whole time to these public appointments.

(b) The Sanitary Inspector, who is also Inspector of Common Lodging Houses, and the Officer designated under the Housing and Town Planning Act, 1909.

(c) Three Health Visitors who are also School Nurses. Two of them divide their time equally between health visiting and school nursing, while the third devotes one-third of her time to tuberculosis work, and a third to each of health visiting and school nursing. All these are fully-trained nurses and possess also the Certificate of the Central Midwives Board.

(d) Two Midwives, both trained, with the Certificate of the Central Midwives Board, who devote their time altogether to midwifery and maternity nursing.

(e) The Matron and one Nurse employed at the Infectious Diseases Hospital.

(f) One Junior Clerk who assists with the clerical work of the Health Department.

(g) A part-time Veterinary Officer who carries out duties under the Diseases of Animals Acts.

MIDWIVES.

The Whitehaven Town Council is the local authority, under the Midwives Acts, 1902 to 1918, and the Medical Officer is the Inspector of Midwives. In this capacity I have visited all the midwives practising in the town, once a quarter, and I am glad to be able to report that I have not found anything to complain of in their work. There are eight midwives practising in Whitehaven, five trained and three untrained. Of the three latter, two have now practically given up work, and the great bulk of midwifery in the Borough is done by trained midwives. Of these, two are officers of the Council devoting their whole time to this work. Two others are District Nurses who do midwifery in addition to their other work, while the fifth is in private practice on her own account.

The employment of two midwives by the Council continues to justify itself, and the time of both is very fully occupied for the greater part of the year. Their work has so far been confined almost altogether to the centre of the town, the work in Bransty and Arrowthwaite being done mostly by the District Nurses attached to these areas. With the steadily increasing population of these newer parts of the town the work to be done by the Nurses there has increased to such an extent that it will be impossible very soon for the District Nurse at Arrowthwaite to attend all the midwifery cases there, in addition to her ordinary work. As there is the prospect of at least another 150 houses being occupied there during the present year the question of providing another midwife in that district will have to be faced very soon. If the closure of insanitary property in the centre of the town proceeds as steadily as I hope it will, the work of the Council's midwives there will gradually decrease, and if no better scheme suggests itself, I think a good plan would be to move one of the Council midwives to Arrowthwaite in a few month's time. This would be better than introducing a new nurse, and if an arrangement as to fees could be made with the local miners' representatives, who are responsible for the salary of the Kells nurse, I think the proposed arrangement should work well.

During the year 214 midwifery cases were attended by the Council midwives, who, in addition to their attendance during labour, made 3,320 visits, these comprising 215 ante-natal, 220 post-natal, and 2,905 ordinary midwifery visits.

CHEMICAL LABORATORY WORK.

There are no special arrangements in force for carrying out chemical analyses of water, foodstuffs, etc., but any such work necessary has been done by Messrs. Hellon & Mann, Analytical and Consulting Chemists, Whitehaven. A recent analysis of Whitehaven water is given later in the Report.

LEGISLATION IN FORCE IN THE AREA.

There are no Local Acts or special Local Orders relating to the Public Health in force in the Borough. The following Adoptive Acts have been adopted :—

The Public Health Acts (Amendment) Act, 1890.
Parts I. II. and III. adopted June, 1891.

The Infectious Diseases Prevention Act, 1890.
Part I. adopted December, 1890.

The Public Health Acts (Amendment) Act, 1907.
Parts II., III., IV., V., VI. and IX. adopted June, 1909.

Regulations for the Sanitary Control of Dairies, Cowsheds and Milkshops were adopted by the Council in 1900.

Bye-laws are also in force in the town with regard to Common Lodging Houses (1897), Slaughter-houses (1897), Nuisances (1897), Sanitary Conveniences (1897), New Streets and Buildings (1915), and Houses Let in Lodgings (1924).

SANITARY CIRCUMSTANCES OF THE AREA.

WATER.

Whitehaven's water supply is obtained from Ennerdale Lake, which lies at a distance of about eight miles inland, and at a height of 369 feet above sea-level, and in the matter of its water supply Whitehaven enjoys the distinction of being the first town in this country to be supplied from a natural lake. Ennerdale Lake is situated among barren, uncultivated and almost uninhabited surroundings, so that the possibility of contamination is practically *nil*, and the water itself, as will be seen from the analysis given below, is of very exceptional purity and softness. The sample was taken from a domestic tap in the centre of the town, and the analysis was made by Mr. Thomas Mann, Analytical Chemist, Whitehaven, on March 8th, 1926.

ANALYSIS OF ENNERDALE WATER.

Total solid matter in solution dried			
at 212°F.	...	...	1.680 grains per gall.
Chlorine existing as Chlorides	...	0.560	„
Ammonia	...	...	Traces.
Albuminoid Ammonia	...	0.002	„
Nitrogen existing as Nitrates...	...	Trace	
Oxygen absorbed in 15 minutes at 80°F.	0.006	„	
Oxygen absorbed in 4 hours at 80°F.	0.014	„	
Lead and other poisonous metals	...	None	
Hardness before boiling	...	1 degree	
Hardness after boiling	...	$\frac{3}{4}$ degree	
Appearance in two-foot tube	Slightly turbid, bluish green		
Smell when heated to 100°F.	...	None	
Microscopical examination	Slight deposit of vegetable debris, diatoms.		
Plumbo-solvent action	...	Tested by the vigorous method devised by Houston for his investigation of Moorland Waters in 1900, Ennerdale Water shows practically no plumbo-solvent action, in spite of its very marked softness, the lead dissolved at 90°C. being no more than 0.02 parts per 100,000.	

It is interesting to note that this analysis is practically identical with one of which I have a copy, carried out in 1895.

The water supply is constant, pumps being used to deliver water to some of the higher parts of the town. The Council has the right to 2,000,000 gallons of water per day, but the capacity of the mains is about 1,400,000 gallons. This supplies not only the Borough but certain districts outside, the total population supplied being 25,000, so that the allowance per head is, roughly, 56 gallons per day. The water is used for both industrial and domestic purposes, and the supply is quite sufficient for present requirements.

During the past year the Borough Engineer, in a report made to the Water and Lighting Committee, has suggested the advisability of increasing the storage accommodation of the Service Reservoir at Harras Moor, which supplies the greater part of the High Level District of the town as well as various places outside the Borough boundary, including Preston Quarter, Sandwith, Moresby Parks and Parton, from its present capacity of 150,000 gallons to one of 500,000 gallons. The demand for water in the High Level District is bound to increase steadily with the progress of the building schemes of the Corporation and of the Whitehaven Colliery Company, and it is estimated that this increased storage capacity would provide one day's supply of water for the High Level District, in case of breakdown to the water mains or plant.

Although the supply is sufficient and the water itself excellent, the number of water-taps provided is by no means adequate. There are approximately 4,550 occupied houses in Whitehaven, and of these approximately 3,400 are separately supplied, while the remaining 1,150 houses are supplied from just over 300 standpipes. The houses supplied from standpipes are for the most part situated in courts or alleys, or in such districts as Mount Pleasant and the Newhouses, and as it will be necessary to deal with most of these by closure and demolition, as soon as is at all possible, the provision of indoor water-taps in property of this description has not been generally pressed during the past few years.

DRAINAGE AND SEWERAGE.

The whole of the town is sewered with the exception of a few out-lying houses. The sewerage system was instituted as long ago as 1866 and has been well designed and executed. The larger sewers are of brick, built in cement. The ventilation of the sewers is by surface gratings, shafts and chimneys. Flushing is carried out by means of four automatic tanks of 250-340 gallons capacity, and thirty smaller tanks of 50-250 gallons.

The sewerage system is in large part a "separate" system, and the greater part of the storm water finds its way into one or other of three natural streams which flow through the town, but are almost entirely covered over.

The sewage is conducted to a pumping centre situated near the harbour, and from this it passes through a long capacious culvert to the outfall situated at low-water mark on the shore to the west of the town. The outlet is guarded by a tidal valve, which at or near high tide holds back the sewage, which accumulates in the culvert, discharging again when the tide falls. As a general rule pumping is not necessary, but in times of heavy storm the pumps are brought into action to prevent the sewage from heading back into the town sewers. In addition to the main outfall, there is a smaller one to the south of the town, which takes the sewage of the Kells and Arrowthwaite district.

While the sewers are generally satisfactory, the same cannot be said of many of the house drains in the town. In many cases these pass beneath the houses, but this is inevitable owing to the arrangement of the buildings. Ventilation of the house drains in the poorer houses is very much the exception, and the same is, of course, the case with facilities for inspection. In many instances there is no inside sink in the houses and the slops have to be emptied into outside gullies.

CLOSET ACCOMMODATION.

Water-closets are general throughout the town, the number of water-closets being approximately 4,600, while there are only 14 privies, if a few outlying farms and cottages are excluded. The privies are found only where it is impossible to connect up with any sewer. There have been ten conversions of privies into water-closets during the past two years, and it is expected that it may be possible to effect a few further conversions in the near future.

While the number of water-closets given above would appear to be rather more than the actual number of houses in the town, it must be stated that there are many houses where the closet accommodation is insufficient, one closet being used by two or more families in common. This is, naturally, a very unsatisfactory state of affairs, but it is one which is very difficult to remedy in Whitehaven, owing to the appalling overcrowding of houses on area, which is the worst feature of our housing problem. There is very often no room at all for further closet accommodation, and this want of room is responsible for the very unusual and unsatisfactory positions in which one so often finds existing water-closets. In many cases these are so situated that they are absolutely devoid of light, and ventilate into bedrooms or living rooms. Occasionally the water-closet is found in the cellar of the house, and I have even found it occupying a corner of a wash-house or part of the coal cellar. It is very difficult to remedy a defect such as this, and as most of the houses suffering from defective water-closet accommodation are of such a type as to be likely to be closed within the next few years, pressure is only exerted in cases where a house is likely to be habitable for a considerable time yet, and where satisfactory accommodation can be provided.

SCAVENGING.

From 1918 till 1925 the house refuse was disposed of by dumping it on the foreshore above high-water mark. During the past year, however, the method in vogue before 1918 has been reverted to, and the refuse is now taken out to sea in a hopper-barge. This is, on the whole, a satisfactory method, if a somewhat expensive one, and is a very great improvement on the method of dumping on the foreshore. The refuse from the Kells and Arrowthwaite district is dumped in a disused quarry to the south of Kells.

The bulk of the house refuse is collected daily, a daily collection being made in the centre of the town, and a less

frequent collection in the outlying districts. I have frequently in previous reports called attention to what I consider to be unsatisfactory features in the method of collection. Open carts are used where properly-covered ones would be much better, and would minimise the nuisance which results from dust being blown from the cart into shops or houses or on to passers-by. There are very few ash-pits in the town, and the use of a sanitary dust-bin is becoming more general than it was, although the great bulk of the refuse is still exposed in uncovered, unsuitable receptacles. Since the Council decided, two years ago, to ask for every house to be provided with a sanitary dust-bin almost 700 of these have been provided, and this number is increasing steadily.

SANITARY INSPECTION OF THE AREA.

A full account of the work done by the Sanitary Inspector throughout the year will be found in his Annual Report, printed at the end of this Report, in which are given the inspections carried out by him, the notices served, and improvements effected, and it is therefore not necessary for me to deal with any of these matters here. It will be seen from perusal of the Sanitary Inspector's Report that his time is very fully occupied and that he is able to overtake a very large amount of very useful work.

SCHOOLS.

Detailed accounts of the sanitary condition of the public elementary schools in Whitehaven have been given in my Annual Reports to the Education Committee, so that it is not necessary to deal with the matter here. Although the school attendance has been seriously affected from time to time by epidemics of measles and other infectious diseases, I have not thought it advisable at any time to recommend closure of any of the schools, as I have never been able to see any benefit resulting from such a closure in a densely populated town like Whitehaven.

HOUSING.

It has long been well known, not only to the Town Council of Whitehaven but to the community generally, that the housing question takes the precedence of all others in this town as a factor of importance to the public health. The importance of the problem was recognised for many years before any definite steps were taken to deal with it, and it may be said that so far as tangible results go, the whole activity of the Health Committee in this direction has had its expression during the five years covered by this Report. The number of

new houses completed during each of these five years is as follows :—

1921	...	...	...	95
1922	...	...	...	82
1923	...	...	...	197
1924	...	...	...	60
1925	...	...	...	104

This makes a total of 538 houses in five years. Of these, 374 were built by the Council, 158 by the Whitehaven Colliery Company and six by private individuals. The Council houses are distributed as follows: 60 on the Coach Road Garden Site, 242 on Bransty, 22 on Arrowthwaite No. I. Scheme, and 50 on Arrowthwaite No. II. Scheme. At the end of the year 14 more were in course of completion on Arrowthwaite No. II. Scheme, while a further 100 were well advanced on Arrowthwaite No. III. Scheme. The Colliery houses built during the five years have been partly on Arrowthwaite and partly at Seacliff. During the past year a start was made with 18 houses, which are being built by the Whitehaven miners as dwellings for aged miners no longer able to earn their own livelihood. This is a very excellent project, and it is hoped when the first 18 are completed to proceed with a further lot of eighteen.

From the figures I have given it will be seen that the number of new houses completed during the five years under review is 538, and if the number in course of erection, although not actually completed on December 31st, 1925, be added, the total number erected or commenced during the five years is 670, which may be regarded as a very creditable contribution towards the housing needs of the town.

If we turn to the other side of the picture, however, and enquire how far this contribution has gone towards meeting the need for healthy dwellings we can hardly be quite so satisfied. In my Annual Report for the year 1921, I dwelt at considerable length on the very unsatisfactory state of housing conditions generally in the town, and expressed the opinion that quite apart from the overcrowding of individual houses, which was very serious at that time, there were roughly 1,000 houses in Whitehaven which were really so insanitary as to be unfit for habitation, and which it was the duty of the Council as the Health Authority to deal with by closure and demolition at the earliest possible moment. Since then, 538 new houses have actually been occupied in the town, of which it may be said that 500 have gone partly to relieve the greater part of the overcrowding which was so prevalent five years ago and partly to accommodate the increase in population which has taken place, while the odd 38 have replaced a similar number

of houses which have been closed during that time. But even in spite of these new houses, there is still a good deal of overcrowding of persons in houses remaining to-day, which will absorb a considerable number of the houses at present under construction. Under these circumstances it has been very difficult to make any progress with the closure and demolition of insanitary property, and the 30 houses which have been closed during the past year represent practically all that has been done in this respect.

The present position, therefore, is that there are still almost 1,000 houses in Whitehaven in occupation which are really unfit for human habitation. This may seem a very strong statement to make, but I am confident that it could be substantiated with very little difficulty, applying very ordinary standards as to what is necessary in the way of lighting, ventilation, water-supply, closet accommodation, etc., to say nothing of the state of the walls, roofs, floors, etc. During the present year, I hope the Council will be able to proceed more quickly with the closure and demolition of insanitary property, and I think the aim should be to close one insanitary house for every new house occupied. This means that during 1926 we ought to be able to close at least 100 insanitary houses, but it will be seen that even that will only be making a commencement with the task which lies before the Council, and that without provision being made for building houses at the rate of at least 100 each year it will be impossible to deal with our housing problem as quickly as we ought to. One difficulty which will require to be faced is how to provide suitable accommodation for that proportion of the occupiers of slum property who are unable to pay the rent of the type of house being built at present. There is, fortunately, an increasing feeling of discontent and dissatisfaction with the type of house to which they have so far been accustomed among the great majority of the occupiers of insanitary houses, which to my mind is a very healthy sign, and the majority of these people seem willing to pay a considerably increased rent for a decent modern house, but there is a minority who are not likely ever to be able to pay such a rent, and for these as well as for old people living by themselves, who will be displaced by closure of certain houses, it may be necessary to provide a smaller type of house at a cheaper rent. Personally I am very adverse to building very small houses, but it is possible to make out a case for building a limited number of maisonettes to provide for some of these cases, and it may be necessary for the Council to consider such a scheme very soon. Whether this is done or not, there is no doubt that the Council, if it is to fulfil its duty as a Health Authority, must press on with its housing programme, as quickly as possible, aiming at a minimum of

100 houses each year. Every encouragement ought also to be offered to private individuals to build houses in the town, good modern houses being at the moment our greatest need from the health point of view.

It may be objected that such a provision of new houses as I have stated is necessary before we can be satisfied with housing conditions in the town must be a very expensive matter, but it must be remembered that we have to overtake the long years in which no appreciable attempt was made to deal with housing on an adequate scale, and that the houses we are desirous of closing to-day should have been closed thirty years ago. We must remember, too, that with a very large proportion of the population compelled to live in houses unfit for human habitation, there must be a great deal of sickness and disability directly due to bad housing conditions, a fact which is borne out year by year in the heavy incidence of tuberculosis and other respiratory diseases, universally associated with absence of fresh air and sunlight. It is often difficult to demonstrate an adequate return for money spent in health measures, but there is little doubt that when the miserable back courts and alleys which have disfigured Whitehaven for the past century or more, have been cleared away, and the displaced tenants properly housed, Whitehaven will be in a fair way to becoming the healthy town we would like it to be.

HOUSING STATISTICS FOR THE YEAR 1925.

Number of houses erected during the year—

- (a) Total—104.
- (b) With State assistance under the Housing Acts—
 - (1) By the Council 50
 - (2) By the Whitehaven Colliery Company 52

I.—UNFIT DWELLING-HOUSES.—INSPECTION.

- 1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... 364
- (2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910 31
- (3) Number of houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 31
- (4) Number (exclusive of those in (3) found not to be in all respects reasonably fit for human habitation ... 259

II.—REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICE.

Number of defective dwelling-houses rendered fit in consequence of informal action by Council's Officers ... 180

III.—ACTION UNDER STATUTORY POWERS.

A.—Proceedings under Section 3 of the Housing Act, 1925 :—

- | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------|---|
| (1) | Number of dwelling-houses in respect of which notices were served requiring repairs ... | 4 |
| (2) | Number of dwelling-houses which were rendered fit :— | |
| | (a) By Owners ... | 4 |
| | (b) By Council in default of Owners ... | — |
| (3) | Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close | — |

B.—Proceedings under Public Health Acts.

- | | | |
|-----|--------------------------------------------------------------------------------------------------------|---|
| (1) | Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... | 1 |
| (2) | Number of dwelling-houses in which defects were remedied :— | |
| | (a) By Owners ... | 1 |
| | (b) By Council in default of Owners ... | — |

C.—Proceedings under Sections 11, 14 and 15 of the Housing, Act, 1925 :—

- | | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------|----|
| (1) | Number of representations made with a view to the making of Closing Orders ... | 31 |
| (2) | Number of dwelling-houses in respect of which Closing Orders were made ... | 30 |
| (3) | Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-house having been rendered fit ... | — |
| (4) | Number of dwelling-houses in respect of which Demolition Orders were made ... | 13 |
| (5) | Number of dwelling-houses demolished in pursuance of Demolition Orders ... | 3 |

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.

The dairies, cowsheds and milkshops in the town have been inspected regularly by the Sanitary Inspector, and from time to time by myself. So far as the cleanliness of the cowsheds and of the cows is concerned there is considerable improvement to be noted, compared with the state of affairs a few years ago. It cannot be said, however, that the methods of the milkers have yet reached anything like the standard of cleanliness that one would like to see, and until the milk-producer can be educated up to a much higher standard of cleanliness than that which prevails at present it is hopeless to expect to see clean milk produced. While much may be done and is being done by pressing the Regulations under the Dairies, Cowsheds and Milkshops Orders, at present in force, it is to be hoped that the new Regulations which the Ministry of Health is expected to issue shortly will be more definite in many respects than the present ones, especially as regards the cubic capacity of cowsheds and the methods adopted by the milker.

Increased powers have been conferred on local authorities during the past year by the coming into force on September 1st of the Milk and Dairies (Consolidation) Act, 1915, and the Tuberculosis Order, 1925. The County Council is the local authority charged with the administration of the Milk and Dairies (Consolidation) Act, which, among other powers, confers that of stopping a milk supply, when there is reason to believe that the milk is likely to be the cause of tuberculosis, but the machinery for stopping a supply on these grounds may be set in motion by the Medical Officer of Health of any Sanitary Authority. As the dairy cattle in Whitehaven are regularly inspected by the Council's Veterinary Officer, cases in which such a danger exists may be brought at once to the Council's notice with a view to stopping the milk supply.

Under the Tuberculosis Order, 1925, which empowers a local authority to slaughter and destroy any dairy cow suspected of suffering from tuberculosis, and to compensate the owner according to a definite arrangement, two cows belonging to milk producers in the Borough have already been dealt with. This is a very useful Order, and should in time be productive of much good in eradicating tuberculosis in cattle.

MEAT INSPECTION.

The Public Health (Meat) Regulations, 1924, which came into force on April 1st, 1925, have entailed a very considerable increase of work on the part of the Sanitary Inspector, which he has done his best to carry out, as will be seen from perusal

of his Report, in which will be found a full account of the inspections carried out by him, and the unsound food dealt with. These Regulations are of very great value and have resulted already in an improvement in the sanitary state of many of the stalls and shops at which meat is sold. The Inspector has received every assistance from the butchers in carrying out his work, but he is much hampered by the existence of a large number of private slaughter-houses at which he has to inspect meat in place of one large slaughter-house. I have recently reported to the Health Committee on the advisability of providing a municipal abattoir, and the matter is still under consideration. The principal difficulty in the way of making such provision is the absence of powers of compulsory closure of Registered Slaughter-houses, and the granting of such powers is certainly long overdue. There are, in Whitehaven, two Licensed and five Registered Slaughter-houses. In 1920 there were three Licensed Slaughter-houses, but the licence of one of these lapsed in 1922 and was not renewed. The Registered Slaughter-houses have been in constant use since before 1875. None of them are satisfactory, either structurally or by position, and nothing but benefit could result to the community by their closure.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

The numbers of the various notifiable infectious diseases notified during the year 1925 will be found in Tables VI. and VII. in the Appendix to this Report.

SCARLET FEVER.

Scarlet Fever appeared in epidemic form in Whitehaven in December, 1924, and the epidemic continued during most of 1925, the numbers notified being greatest during the first four months of the year, then falling off during the summer months and increasing again towards the end of the year. In all, 152 cases were notified, very much the largest number notified in Whitehaven for many years past, and as 144 of these cases were removed to hospital the accommodation at Bransty was at times strained to its utmost capacity, and additional nursing and domestic help had to be obtained. Fortunately, the disease was of a mild type, the number of severe cases being comparatively few, while there was only one death. Although the disease was generally of a mild type, so much so that many cases were "missed" or only discovered when in the "peeling" stage, yet its infectivity was very high, and multiple cases from individual houses were much commoner than usual. In spite of the large number of cases treated in hospital there was no departure from the

routine method of keeping all cases in hospital until six weeks after the onset of the disease, and no actual "return" cases occurred. In a few cases a second member of a household contracted the disease within fourteen days of a previous case being discharged from hospital, but in all such cases other sources of infection were found besides the recently discharged patient. Spread of the disease occurred more through contact of children at school than through any other means, and frequent disinfection of school premises was carried out. At the same time, I did not consider it necessary to advise closure of any school.

DIPHTHERIA.

Twenty-seven notifications of Diphtheria were received and twenty-six patients removed to hospital. Four of these cases were removed to Ellerbeck Hospital, Workington, under an arrangement made with the Workington Town Council at a time when the accommodation at Bransty was fully taken up with cases of scarlet fever. Of the twenty-two admitted to Bransty, a number turned out not to be actual diphtheria, although presenting very suspicious signs of the disease. Of the actual cases of diphtheria none were very severe, and no deaths occurred.

PNEUMONIA.

Seventeen cases of Pneumonia were notified, mostly during the early months of the year when influenza was prevalent in the town. Eleven deaths occurred from this disease, which suggests that only a small proportion of the cases occurring in the town were notified, as it is hardly likely that the mortality rate could be as high as eleven cases out of seventeen. There is, unfortunately, no provision for hospital treatment of cases of pneumonia except in the Whitehaven and West Cumberland Infirmary, and as many of the cases occur in houses where facilities for adequate nursing do not exist, I am certain many lives might be saved by admitting severe cases to hospital. The staff and the accommodation at Bransty are not sufficient to cope with all pneumonia cases in addition to the diseases admitted there at present, but it might be argued with considerable force that we might be doing better work treating pneumonia cases, especially in children, in an Isolation Hospital, instead of the mild type of scarlet fever prevalent at present.

OPHTHALMIA NEONATORUM.

Five cases of this disease were notified during the year, all of which were treated at home by the family doctors.

Recovery took place in every case without affection of vision, except in one case where one eye was badly affected, with, I am afraid, some resulting damage to the vision.

ANTERIOR POLIOMYELITIS.

One case of this disease occurred in a girl of eight years. The case was not a very definite one, however, and the course of the recovery left an element of doubt in the diagnosis.

SMALLPOX.

There has been no case of this disease in Whitehaven during 1925. In view, however, of the prevalence of Smallpox in several of the northern counties of England, I have not thought it advisable to recommend the discontinuance of the notification of chickenpox, and thirty-eight cases of chickenpox have been notified during the year.

NON-NOTIFIABLE INFECTIOUS DISEASES.

Among the non-notifiable infectious diseases the only one which prevailed to any extent during the year was measles, which appeared in epidemic form in the town towards the end of the year, 171 cases being intimated to me from the different elementary schools. All these cases were visited by the School Nurses, as well as many others under school age which came to their knowledge in the course of their work. Routine visitation of all cases of measles or whooping cough by the School Nurses or Health Visitors is now practised with, I am convinced, very beneficial effect, as the parents are thus impressed with the seriousness of the condition, the importance of calling in medical assistance, and the value of adequate nursing. Five deaths occurred from measles during the last few weeks of the year. All contacts of infectious cases, whether notifiable or not, are excluded from school for definite periods, according to the nature of the disease. An exception is made in the case of measles where children attending the upper departments, who are known with certainty to have already had the disease, are allowed to continue at school, even although they happen to be contacts.

Influenza was prevalent in the town during the early months of the year and was responsible for a great deal of sickness among both adults and children. For the most part the disease was of a comparatively mild type, but eleven deaths were certified as due to influenza, all of them in persons over the age of sixty years.

PROVISION OF DIPHTHERIA ANTITOXIN, EXAMINATION OF BACTERIOLOGICAL SPECIMENS, &c.

A supply of Diphtheria Antitoxin is kept in the Health Department at the Town Hall, and is available for the use of medical practitioners practising in the town, so that there is no necessity for delay in its administration to any suspicious or definite cases which it is not desired to remove immediately to hospital.

Similarly, arrangements have been made by the Council for the examination by the Clinical Research Association, London, of any bacteriological or pathological specimens in cases of suspected infectious disease, where the patient is not in circumstances to pay for such examination.

No use has been made so far in Whitehaven of the Schick and Dick tests in diphtheria and scarlet fever respectively, or of the recently developed artificial methods of immunisation against these diseases, principally because it is quite impossible for me working single-handed to embark on work of this nature, no matter how valuable it might prove to be.

PREVALENCE OF INFECTIOUS DISEASE DURING THE FIVE YEARS, 1921—1925.

In reviewing the prevalence of infectious disease generally in Whitehaven during the five years 1921-1925, it is interesting to note that while the town has seldom been free for any length of time from one or other of the commoner infectious diseases in epidemic form, all the epidemics which have occurred have, with one exception, been of a comparatively mild character. The exception to which I refer was the very severe epidemic of whooping cough in 1922, which was responsible for 69 deaths, or more than four times as many as measles, scarlet fever and diphtheria have together been responsible for in the five years under review. In my Annual Report for the year 1922 I dealt at length with this outbreak, which was characterised by a greater virulence than I have ever seen before or since in connection with whooping cough, pointing out how closely related the heavy mortality was to housing conditions, the deaths being practically all confined to the back-court houses and other property of similar type, only an occasional death occurring in the better-class house. The complications which cause death in such a disease as whooping cough are for the most part respiratory in nature, like bronchitis and broncho-pneumonia, and I have already pointed out earlier in this report the very heavy incidence of respiratory disease in Whitehaven, not only this year but every year, and stated my conviction that this is due in very large part to unsatisfactory housing

conditions. It is only when we have remedied the deplorable housing conditions which exist in our midst that we may with confidence expect a considerable reduction in the incidence of and mortality from diseases of the respiratory system. The total number of deaths certified as due to whooping cough during the past five years is 78.

When we turn to the other commoner infectious diseases, however, we find things rather better. Measles has occurred in epidemic form on at least two occasions during the five years, and many hundreds of cases have been reported to the Health Department, but only fourteen deaths have been certified as due to this disease, a fact which suggests that the type prevalent during that period has been very mild.

Of scarlet fever, 230 cases have been notified in five years, and one death has occurred, while 80 cases of diphtheria have been notified with two deaths.

Only seven cases of smallpox have been notified in five years, all of which were of a mild type, and no deaths occurred.

Enteric Fever in former years was a well-known disease in Whitehaven. During the five years under review, only six notifications of this disease were received. Of these, two turned out to be tuberculosis cases, two were para-typhoid, and the remaining two enteric fever. Of the two actual cases of enteric fever, one contracted the disease in Lancashire and turned ill while on holiday in Whitehaven. There was no death in five years due to this disease.

Typhus fever used to occur from time to time in Whitehaven. There has not been a case during the past five years.

Such a record demonstrates that at least some measure of control is being attained over certain infectious diseases, such as smallpox, enteric fever and typhus, and that although others such as scarlet fever and diphtheria are still with us, the mortality from them is very much less than it was twenty or twenty-five years ago. The improvement is not so marked with measles and whooping cough, which present a much more difficult problem for the public health authority, but even with these diseases a great deal of improvement may be looked for along the lines of educating the community that the longer children can be prevented from taking these diseases the smaller is the amount of damage likely to result, as represented by death and disability.

TUBERCULOSIS.

Reference to Table VII. in the Appendix to this Report will show that 57 cases of tuberculosis were notified during the

year, 43 pulmonary and 14 non-pulmonary. This number is slightly less than that for the previous year, which was 61, while the numbers for 1923 and 1922 were 72 and 84 respectively.

Twenty-one deaths were certified as due to tuberculosis, twelve pulmonary, and nine non-pulmonary. This is a considerable improvement in the number for the previous year, which was 29, and the death-rate per 1,000 of population from all forms of tuberculosis for 1925 was 1.01 as compared with 1.4 for the previous year. This rate of 1.01 is the lowest which has ever been recorded in Whitehaven. The death-rate from pulmonary tuberculosis was only 0.58 per 1,000, which compares very favourably with 1.01, the previous lowest rate, which was recorded in 1924. This suggests that the position, so far as Whitehaven is concerned, is improving, although slowly, and there is little reason to doubt this improvement if we compare the number of deaths from this disease to-day with that which occurred twenty or twenty-five years ago. The position is, however, still serious, when we reflect that tuberculosis is universally admitted to be a preventable disease, and we may look for still further improvement in the years to come.

The notification of the disease has been more satisfactory in 1925 than ever before, and only one death occurred in which no notification of the disease had been received. There is little doubt that early notification is one of the most valuable factors in the control of tuberculosis. I am glad to be able to record also a greater willingness on the part of patients suffering from this disease to avail themselves of the chance of sanatorium treatment. Very frequently in the past one has found patients very unwilling to go to the sanatorium until they had reached such an advanced stage of the disease that sanatorium treatment was hopeless. While many cases are still notified at too advanced a stage for sanatorium treatment to be of much value, on the whole an increasing proportion are notified in the earlier stages, so that an increasing number are sent to the sanatorium with good prospect of ultimate recovery. The unfortunate thing is that so many patients who have done well in the sanatorium have to return on their discharge to very unhygienic surroundings, where it is very difficult to follow the precepts they learned in the sanatorium, but with the steady improvement in housing conditions which is taking place through the provision of new houses, this danger of relapse will tend to diminish in the future.

At the end of 1925 the number of cases of tuberculosis of all kinds in the Tuberculosis Register for Whitehaven was 217, 182 of these being pulmonary, and 35 non-pulmonary.

It has not been necessary to take any action under the Public Health (Prevention of Tuberculosis) Regulations, 1925, which empower an Authority to prevent anyone suffering from tuberculosis from being employed in the milk trade. Nor has any action been taken under Section 62 of the Public Health Act, 1925, which empowers an Authority to compulsorily remove a person suffering from tuberculosis to hospital, if such removal is in the public interest.

MATERNITY AND CHILD WELFARE.

1.—MIDWIFERY.

I have already dealt with the work done by the Council's Midwives in an earlier section of this Report, so that it is not necessary for me to refer again to it here.

(2)—CHILD WELFARE.

Five hundred and fifty live births took place in Whitehaven during 1925, while the number of notifications received under the Notification of Births Act was 550. This number, however, included 15 still-births, so that of the 550 live births 535 were notified to the Health Department; 515 of these babies were visited in their homes by the Health Visitors, and 2,231 re-visits were made, so that the total number of visits paid to children under one year was 2,746. In addition, 1,651 visits have been paid to children over one year of age and under five. This is a branch of the health visiting which has been developed considerably during the past two years, since the increased staff has been able to cope with it. It is, in my opinion, a very important part of the work, and one which in the past has not had sufficient attention paid to it. During the first year of life the majority of babies are well cared for, but after that stage many tend to receive rather less attention, especially as regards their feeding, so that conditions like rickets or malnutrition may develop, and the healthy baby of ten or twelve months develop into the flabby rickety child of two years, who reaches school age with deformities or defects which should never have been allowed to develop. With increased attention being paid to the care of the under-school-age child, more especially as regards his feeding, improvement in this direction can be confidently expected. In cases of crippling in young children, whether due to rickets or to any other cause, orthopædic treatment and supervision is available by arrangement with the County Council, just as in the case of children of school age.

The Maternity and Child Welfare Centre in Sandhills Lane has been open as in previous years, every Tuesday afternoon, and has been well attended. Two hundred and twenty-seven

babies were brought to the Centre for the first time, and the total number of attendances was 1,290. Forty-three children over one year of age and under five were also brought. The Health Visitors attend to the weighing of the babies and advise the mothers generally as to their care. The Medical Officer attends at each meeting and sees all new babies as well as such others as are referred to him by the nurses, or whose mothers wish to consult him. A committee of ladies has, in former years, been of very great assistance in keeping the register of cases, talking to the mothers and supplying them with tea. Instruction has also been given at each session on the making of garments suitable for babies. Dried milk has been issued at cost price, or in necessitous cases free of charge, to mothers unable to feed their babies, for the babies' use, or in some cases for the mother's own consumption as an aid to breast-feeding.

In July a new Centre was opened at the Colliery Mission, in Ginns, with a view to meeting the needs of the mothers with babies in the Ginns, Kells and Arrowthwaite districts. The Centre has been held twice monthly, on Friday afternoons, and although it has not been taken advantage of as much as I had hoped, the attendance is slowly increasing, and useful work is being done.

Another new departure during the year has been the establishment of an Artificial Sunlight Clinic at the Centre in Sandhills Lane, for the treatment of children suffering from rickets and malnutrition. The Clinic is held twice weekly, on Tuesday and Saturday mornings. The lamp used is a Carbon Tungsten Arc Lamp, and the children receive exposures of from five to twenty minutes. So far, the number of children treated has not been very great, but the results have been very gratifying, especially in cases of rickets, and there is no doubt that in the ultra-violet rays produced by such a lamp we have a very valuable agent in the prevention and treatment of this disease.

In consequence of a visit paid to Whitehaven by one of the Medical Officers of the Ministry of Health, in July last, a suggestion was made by the Ministry that an Ante-natal Centre should be established and an arrangement made with the Governors of the Whitehaven and West Cumberland Infirmary for the reception of maternity cases in that institution. At the request of the Health Committee I prepared a Report on these questions, which is printed as an Appendix to this Report. My recommendations as to maternity hospital accommodation have been already acted on and a satisfactory arrangement made with the Whitehaven and West Cumberland Infirmary, which ought to have beneficial results. So far, however,

nothing has been done with regard to ante-natal work, and until this has been put on a proper footing our Child Welfare provision will not be complete. A proper system of ante-natal supervision ought to be of great value in reducing both the infantile mortality and the maternal mortality, both of which are too high. Last year three deaths took place in Whitehaven of women, as a result of childbirth, and it is highly probable that some of these might have been prevented by ante-natal supervision.

Another institution which would be of great value to the young children of Whitehaven would be a babies' ward, where weakly and ailing babies might be admitted for treatment. Every year many deaths take place in babies, which could be prevented by proper nursing such as is given in such a ward. Failing any other provision, it might be possible to admit a few such cases to Bransty Hospital at such times as the town was more or less free from infectious disease. Such an experiment would, I am certain, fully justify itself.

(3).— In previous sections of this Report I have dealt with the arrangements made for the home-visiting of cases of measles, whooping-cough, ophthalmia neonatorum. Similar arrangements hold with regard to epidemic diarrhoea in young children which is, fortunately, very uncommon now. No notification of puerperal fever was received during the year. There were five cases of ophthalmia neonatorum reported. All recovered, and in only one case was there thought to be any resulting impairment of vision, that affecting only one eye. All five cases were treated at home.

Your obedient Servant,

MALCOLM MANSON,

Medical Officer of Health.

APPENDIX B.

MATERNITY AND CHILD WELFARE.

ESTABLISHMENT OF ANTE-NATAL CLINIC AND PROVISION
OF MATERNITY BEDS.

In July last, in consequence of a visit of inspection made by one of the Medical Officers of the Ministry of Health to Whitehaven, a letter was received from the Ministry suggesting the advisability of extending the activities of the Child Welfare Department by (1) the establishment of an Ante-natal Clinic for Expectant Mothers, and (2) by co-operating with the Whitehaven Infirmary Board in the provision of maternity beds for suitable cases.

In accordance with the Committee's instructions, I beg to report now on these two proposals.

During the past year considerable interest has been aroused throughout the country by the publication of several reports on the subject of maternal mortality in England and Wales, the principal aim of which has been to point out that while infant mortality has diminished by 50% or more during the past 25 years, the maternal mortality rate has remained practically unchanged, four maternal deaths still taking place for every thousand children born. The rate for Whitehaven during the past four years has been exactly 4 per 1,000, so that in this respect we are neither better nor worse than the country as a whole. The consensus of informed opinion is to the effect that the most certain way to reduce this maternal mortality rate is by educating the expectant mother to see the value of ante-natal supervision. It is true that a certain amount of ante-natal supervision has always been given by doctors and midwives, but not nearly enough, and only a very small percentage of expectant mothers appreciate the necessity for such supervision, if everything is to go well at the time of confinement. It may be said without fear of contradiction that a considerable proportion of the deaths which occur in or arising from child-bed could be prevented by efficient ante-natal supervision. It can equally certainly be claimed that an appreciable proportion of the infantile deaths occurring during the first month of life could be prevented by ante-natal supervision, and it is this group of infantile deaths that has contributed least to the fall which has taken place in the infantile mortality rate, both in Whitehaven and throughout the country generally.

For these reasons, I suggest that the Committee adopt the proposal of the Ministry of Health, and an Ante-natal Clinic be started as soon as possible. The Clinic will be held at the Child Welfare Centre, as often as may be found necessary, but to begin with one afternoon per month. It will be open to all expectant mothers in the town who may be recommended to attend by midwives, health visitors or doctors, or may come of their own accord. The idea of the Clinic will be purely preventive, and it is not proposed to give any treatment of any kind unless, perhaps, dental treatment. Just as in the case of School Medical Service and the Child Welfare Department, those found to require treatment will be referred to their own doctors, so that it may be hoped there will never be any necessity for treatment being given at the Ante-natal Clinic. The experience at other towns where Ante-natal Clinics have been established has been that one of the principal results of the establishment of such a Clinic has been educational, the expectant mothers being taught that supervision during pregnancy is necessary, whether the supervision is given at the Clinic or by the midwife or by the private doctor. The tendency of a Clinic is to increase the amount of ante-natal work done in its neighbourhood, and, the value of the work being admitted, the advisability of making a start with it ought to be self-evident.

I have mentioned above the question of supplying dental treatment to expectant mothers attending the Clinic. The importance of a clean mouth and a sound digestive system during the period of pregnancy, and lactation can hardly be over estimated. I therefore suggest that this Committee should follow the example of many other Child Welfare Committees and make it possible for necessitous expectant and nursing mothers to have some dental treatment at the Child Welfare Centre. This could be done with the equipment at present in use, and, to begin with, all that would be necessary would be to engage a dentist for one or perhaps two evenings per month. This would be sufficient to deal with the worst cases who are unable to pay for private dental treatment, and the small expenditure involved would give a good return in improved health among some of the less fortunate members of the community.

PROVISION OF MATERNITY BEDS.

The second matter on which I have been asked to report is the provision of maternity beds for women whose home circumstances or whose general condition make it advisable that they should have institutional treatment during their confinement. The Committee is aware that in the new White-

haven and West Cumberland Infirmary a maternity ward is being provided, with accommodation for six patients. Housing conditions being what they are in this town, and overcrowding being still present to a considerable extent, there are many cases reported to me by our Health Visitors and Midwives, for whom institutional treatment would be a very great benefit, as well as many whose general condition makes it advisable to have such treatment, if a successful confinement is to be guaranteed. At present, the only accommodation for many of these cases is the Poor Law Infirmary, to which most women are far from anxious to be sent, even if they could be admitted. I suggest that this Committee approach the Board of Governors of the Whitehaven and West Cumberland Infirmary, asking to be allowed to co-operate with them in the provision of maternity beds. The form of co-operation I suggest is that the Health Department be authorised to send suitable cases direct to the Infirmary, and that the Town Council accept responsibility for the payment for these cases at the rate of £3 3s. od. per case, the period of hospital detention to be not less than ten days in each case. The Health Department in turn will recover from the patient whatever proportion of the £3 3s. od. she can afford to pay. A scheme such as this will guarantee the Infirmary payment for all cases sent by the Health Department, and at the same time make it possible for any woman in the town, no matter how poor her circumstances, to have the benefit of the best institutional care available. The cost of this scheme to the Council will not be very great, as the fact that maternity benefit to the value of £2 2s. od. is paid to the wives of all insured persons, on the occasion of a confinement, makes it certain that only a small proportion of the cases dealt with will not be able to contribute appreciably to the cost of their treatment.

M. MANSON,

Medical Officer of Health.

October 30th, 1925.

APPENDIX C.

REPORT ON THE PROVISION OF A MUNICIPAL
SLAUGHTER-HOUSE.

To the Health and Housing Committee.

Gentlemen,

In the Annual Report of the Medical Officer of Health for the year 1924, reference was made to the advisability of the Council providing a Public Slaughter-house in Whitehaven, and as a result of that reference, the Borough Surveyor and myself were asked to report more fully on the subject. Pressure of other work has prevented us from reporting until now, and we beg to submit the following report merely with a view to eliciting the opinion of the Health Committee as to whether any further steps should be taken.

The position at present in Whitehaven is as follows :— There are five Registered Slaughter-houses occupied by seven butchers, and two Licensed Slaughter-houses, one used by one butcher and the other by 13 butchers. A Registered Slaughter-house is one which has been in constant use as a slaughter-house since previous to the passing of the Public Health Act of 1875. It can only be closed if at least two convictions have been obtained against the occupier for breaches of the Council's Byelaws regulating the Structure and Sanitary Condition of Slaughter-houses. The Licensed Slaughter-houses are in a different category. They have come into use since 1875, and licenses for their use are granted for a fixed period, usually of a year. These licenses can be refused by the Council at any time of application for renewal.

The existing slaughter-houses vary very much in degree. While some are better than others, there is no one which is in any respect perfect, and the majority are very far from being perfect, either in situation, structure or equipment. Several are situated in close proximity to dwelling-houses, so that no matter how carefully they are looked after their presence cannot fail at times to be objectionable to the inhabitants of the adjoining houses. Several show very serious structural defects, and are deficient in equipment, lighting, ventilation, etc., so that to put them in such a condition as would fully meet the requirements of the Council's Byelaws considerable expenditure of money would be imposed on the owners. This matter has never been pressed as far as it might be, as the

question of providing a Municipal Slaughter-house has been under the consideration of the Council from time to time for the past thirty years. If the provision of a Municipal Slaughter-house is put off again, it will be necessary for your Officials to take the proper steps to have the existing slaughter-houses so improved as to meet the requirements of the Byelaws.

But it is not only in situation, structure and equipment that the existing slaughter-houses are unsatisfactory. The routine inspection of all meat killed in the Borough has been imposed upon the Health Authority by the Inspection of Meat Regulations which came into force early this year. The effect of these new Regulations is that the butchers must notify the Sanitary Inspector each time they slaughter, so that he may visit the slaughter-house and inspect the meat before it is removed to the shop for sale. Where there are many slaughter-houses scattered over the town, this means very much more work than where all the slaughtering of the town is done in one building. Further, there is much less likelihood of diseased meat finding its way into any shop from a large public slaughter-house than from a small private one, although I am glad to be able to say that I do not consider there is much danger of this happening in Whitehaven, as we find at all times the butchers are most anxious to report the presence of anything suggesting disease or defect in any animal they kill. Nor is there any inducement for them to conceal any diseased meat, as they are protected against pecuniary loss in such a case by an excellent system of Insurance.

As to whether the local butchers would be willing to use a Public Slaughter-house in preference to their own private ones, I cannot definitely say, but I think there would be little difficulty in persuading the majority of them that it would be to their own ultimate advantage to fall in with such a scheme. Whether a Municipal Slaughter-house would be altogether self-supporting is another question which cannot be answered with any certainty, but it should be realised that it is only in a small minority of cases that such Slaughter-houses have so far been self-supporting. It should be remembered, however, that the provision of a Public Slaughter-house is not put forward as a financial venture, but as a Public Health measure, likely to result in considerable benefit to the community from the point of view of health. Personally I do not see why it could not be possible to erect such a structure in Whitehaven as would meet all our requirements and be almost, if not altogether, self-supporting. A week ago, along with the Borough Surveyor, I visited a Municipal Slaughter-house at South Shields, where the difference between the income and expenditure is covered by a farthing rate. It is, of course, impossible

to say what the financial burden, if any, in Whitehaven would be, without preparing an actual scheme with an estimated cost, and this the Surveyor has not done until he should find out the attitude of the Council in the matter.

Another question which might be raised is whether Whitehaven should proceed with a scheme itself, or whether the neighbouring local authorities should be approached to see whether they would combine in a joint scheme. As much the greater part of the meat killed in the surrounding district is bought in Whitehaven market, it is obvious that the site of a joint slaughter-house should be in Whitehaven, as close to the Auction Mart as possible, and a good site is available in the Glass House yard, in Ginns, where, I am informed by the Surveyor that a 24in. sewer actually runs across the yard, so that sewage disposal would present no difficulty.

My own opinion, as Medical Officer of Health, is that while conditions as to slaughtering are rather better in Whitehaven to-day than they were when this matter was last considered by the Council, they are still very far from satisfactory, and never will be satisfactory until the small private slaughter-houses cease to be used, and all the slaughtering is done in a modern, well-equipped Municipal Slaughter-house.

M. MANSON,

Medical Officer of Health.

December 18th, 1925.

TOWN HALL,
WHITEHAVEN,

March 20th, 1926.

*To the Chairman and Members of the
Health and Housing Committee.*

Mr. Chairman and Gentlemen,

I have the honour to submit my third Annual Report for the year ending December 31st, 1925.

NOTICES.

Three hundred and sixty-three preliminary and nine statutory notices were served for the abatement of nuisances. The preliminary notices were generally complied with forthwith, whilst in the case of the statutory notices, eight of these related to four houses, and the work was in progress at the end of the year. The remaining notice was complied with within the time specified.

The details of inspections made and the improvements effected are summarised in the following tables :—

INSPECTIONS.

Visits to Slaughter-houses ...	...	...	...	532
„ „ Common Lodging Houses ...	...	...	...	188
„ „ Houses let in lodgings ...	...	...	...	17
„ „ Milkshops ...	...	...	...	49
„ „ Cowsheds ...	...	...	...	29
„ „ Bakehouses ...	...	...	...	28
„ „ Workshops ...	...	...	...	38
„ „ Marine Stores ...	...	...	...	5
„ „ Fried Fish Shops ...	...	...	...	5
„ „ Caravans ...	...	...	...	35
„ „ Courts ...	...	...	...	238
„ „ <i>re</i> Unsound Food ...	...	...	...	8
Visits <i>re</i> Overcrowding ...	...	...	...	15
Cases of Infectious Disease investigated ...	...	...	...	218
Visits after Infectious Disease ...	...	...	...	170
Inspections under the Housing Acts ...	...	...	...	35
Foreign vessels inspected ...	...	...	...	8
Enquiries <i>re</i> letting Corporation Houses ...	...	...	...	105
Drains tested ...	...	...	...	19
Smoke observations taken ...	...	...	...	1
Interviews with owners or occupiers ...	...	...	...	327
Miscellaneous visits and inspections ...	...	...	...	1,523
Total ...				<u>3,593</u>

IMPROVEMENTS.

Obstructed drains and W.C.'s cleansed	...	...	61
Drains repaired or relaid	...	...	13
New pedestal W.C.'s fixed	...	...	36
New stoneware gullies fixed	...	...	36
New sinks and wastepipes fixed	...	...	17
New flushing cisterns fixed	...	...	14
Flushing cisterns repaired	...	...	18
New W.C. seats and doors fixed	...	...	11
New soil pipes fixed	...	...	2
Inspection chambers built	...	...	8
Additional water supplies provided	...	...	4
New spouting provided	...	...	30
House roofs repaired	...	...	35
Plastering repaired	...	...	30
Dampness remedied	...	...	3
New windows provided or others made to open	...	...	65
Stairs repaired	...	...	3
Floors repaired	...	...	21
Yard paving relaid	...	...	26
Galvanized sanitary dustbins provided	...	...	220
Ashpits abolished...	...	...	1
Courts limewashed	...	...	55
Common lodging houses limewashed	...	...	8
Houses let in lodgings limewashed	...	...	5
Cowsheds limewashed	...	...	21
New urinals erected	...	...	1
Overcrowding abated	...	...	3
Yards cleansed by tenants	...	...	3
Offensive accumulations removed	...	...	18
Nuisances from the keeping of animals abated	...	...	40
Houses disinfected	...	...	141
Miscellaneous	...	...	31
Total			<u>1,010</u>

FACTORIES AND WORKSHOPS.

In accordance with the requirements of the Ministry of Health,
particulars relating to Factories and Workshops are set
out in the following Table:—

PREMISES. (1)	Number of		
	Inspec- tions. (2)	Written Notices. (3)	Prosecu- tions. (4)
Factories (Including Factory Laundries)	..	..	..
Workshops (Including Workshop Laundries)	68	4	..
Workplaces (Other than Outworkers' Premises)	..	..	..
TOTAL	68	4	..

DEFECTS FOUND IN FACTORIES, WORKSHOPS & WORKPLACES.

PARTICULARS. (1)	Number of Defects.			Number of Prosecu- tions. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
Nuisances under the Public Health Acts :--				
Want of Cleanliness .. .. .	..	..	..	..
Want of Ventilation .. .. .	..	..	..	..
Overcrowding .. .. .	..	..	..	..
Want of Drainage of Floors .. .. .	..	..	..	..
Other Nuisances	I	I	..	..
Sanitary Accommodation { Insufficient .. .. .	..	..	..	..
{ Unsuitable or Defective .. .. .	..	..	..	..
{ Not separate for Sexes .. .. .	..	..	..	..
Offences under the Factory and Work- shops Acts :—				
Illegal Occupation of Underground Bakehouse .. .. .	..	..	..	..
Other Offences (Excluding offences relating to out work and offences under the Section men- tioned in the Schedule to the Minis- try of Health (Factories & Workshops Transfer of Powers) Order, 1921.)	3	3	..	..
Total	4	4	..	..

BAKEHOUSES.

There were twenty-one bakehouses on the Register at the end of the year.

Twenty-eight inspections were made, and the following contraventions observed :—

Want of limewashing	...	...	...	4
Absence of Abstract	...	...	...	1
Drain opening inside bakehouse	...	...	...	1
				—
				6
				—

All the matters were attended to upon receipt of verbal notice.

SLAUGHTER-HOUSES AND MEAT INSPECTION.

There are two licensed and five registered slaughter-houses on the Register.

Five hundred and thirty-two visits have been made, and so far as cleanliness is concerned, the premises have been conducted satisfactorily.

The Public Health (Meat) Regulations, 1924, came into operation on April 1st last, and, generally speaking, the butchers have given every assistance in carrying out the Regulations. There are, however, certain matters in connection with the slaughter-houses which require attention in order to make them comply with the Regulations, but these are being held in abeyance pending the decision of the Council relative to the provision of a Public Abattoir.

When this question is again considered, it is to be hoped that it will be found possible to erect a suitable building, as not one of the existing slaughter-houses complies with modern requirements, and, owing to their scattered situation, efficient meat inspection is an impossibility.

The following is a list of the unsound food which has been surrendered and destroyed during the year :—

Fifteen	carcases	of beef	Tuberculosis.
One	carcase	of beef	—Inflammation.
Two	carcases	of mutton	—Dropsical.
One	carcase	of pork	—Tuberculosis.
Forty	livers	(bovine)	—Liver fluke.
Three	..	..	Abscesses.
One	..	..	Angioma.
One	..	..	Cirrhosis.
Four	..	..	Cysts.

Thirty-six livers (sheep)—Liver fluke.
 One beast's head—Actionomycosis.
 Frozen lamb, 497 lbs.—Black spot mould.
 Frozen ox kidney, 100 lbs.—Decomposed.
 Pickled pigs' knees, 224 lbs.—Decomposed.
 Lunch Tongue, 12 lbs.—Blown tin.
 Corned beef, 24 lbs.—Blown tin.
 Tinned fruit, 3 lbs.—Blown tin.
 Tinned salmon, 4 lbs.—Blown tin.
 Pears, 280 lbs.—Wet, Decomposed.

TUBERCULOSIS ORDER, 1925.

This Order came into operation on September 1st last, and in accordance with Section 5a (1) I have received notification of slaughter in five instances, two referring to slaughter of cows already within the Borough, and three to animals within the area of the County Council, which were brought into the Borough for slaughter on the Order of the County Veterinary Inspector.

In one case the carcase was found to be free from disease and was passed for food, whilst the other four cases were found to be so affected with disease as to be unfit, and were destroyed.

DAIRIES AND COWSHEDS.

There are 29 Retail Purveyors of Milk and 12 Wholesale Producers on the Register. Eleven of the Wholesalers also retail milk in the Borough.

Of the Retail Purveyors, 6 sell milk from shops, and the remaining 23 on a round.

Forty-nine visits have been made to the milkshops and 29 to the cowsheds.

It is satisfactory to note that the improved methods of storing milk in shops, which were obtained in the preceding year, have been maintained, and that the cowsheds and cows are now kept in a much cleaner state than formerly. Whereas in previous years it was invariably necessary to complain of the dirty condition of byres or cows, it is now only on rare occasions that any serious fault is discovered when the cowsheds are visited.

COMMON LODGING HOUSES.

There are four Registered Common Lodging Houses in the Borough, and 188 visits have been paid to them.

All the houses are conducted in a satisfactory manner and in conformity with the Bye-laws.

HOUSES LET IN LODGINGS.

There are seven houses on the Register, and 17 visits have been paid to them.

There are still several houses in the Borough which should be registered, and the registration of these will be proceeded with during the year.

I am, Mr. Chairman and Gentlemen,

Your obedient Servant,

J. F. LORD, .

Sanitary Inspector.

APPENDIX.

TABLE I.—VITAL STATISTICS OF BOROUGH DURING
1925 AND FIVE PREVIOUS YEARS.

Year.	Popula- tion estim'at'd to Middle of each year.	Nett Births belonging to the District.			Nett Deaths belonging to the District.					
		Total No.	Rate per 1,000 popu- lation.	Illegitimate No.	Under 1 Year of age.				At all Ages.	
					Total No.	Rate per 1,000 Live Births	Illegiti- mate No.	Rate per 1,000 Illeg. Births.	No.	Rate per 1,000 popu- lation.
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1920	19,171	672	35·05	27	72	107·14	5	185·18	320	16·69
1921	19,810	589	29·73	23	53	89·98	2	86·95	261	13·17
1922	20,050	567	28·27	28	95	167·5	4	142·8	426	21·2
1923	20,310	571	28·2	25	48	84·1	3	120·00	308	15·1
1924	20,580	516	25·1	20	39	75·5	1	50·00	308	14·9
1925	20,690	550	26·5	17	51	92·7	3	176·4	297	13·8

TABLE II.

Showing a Comparison of the Birth, Death and Infantile Mortality Rates for the Year 1925, of Whitehaven, with those of England and Wales as a whole ; of certain groups of towns, of London, of the County of Cumberland, and of the Urban and Rural Districts of Cumberland.

	Birth Rate.	Death Rate.	Infantile Mortality Rate.
England and Wales	18·3	12·2	75
105 County Boroughs and great towns, including London ...	18·8	12·2	79
157 smaller towns (1921 Census populations 20,000 to 50,000) ...	18·3	11·2	74
London	18·0	11·7	67
County of Cumberland	18·9	13·4	85
Urban Districts of Cumberland ...	19·7	14·3	95
Rural Districts of Cumberland ...	17·8	12·4	71
Whitehaven ^{BOROUGH} Rural District	26·5	13·8	92·7

TABLE III.
CAUSES OF DEATH DURING THE YEAR 1925.

Causes of Death.	Males.	Females.
All causes	152	145
Enteric Fever .. .. .	..	..
Smallpox .. .. .	..	..
Measles	3	2
Scarlet Fever .. .. .	..	1
Whooping Cough .. .. .	..	3
Diphtheria .. .. .	..	..
Influenza	7	4
Encephalitis Lethargica .. .. .	..	..
Meningococcal Meningitis .. .. .	..	..
Tuberculosis of Respiratory System	5	7
Other Tuberculous Disease	5	4
Cancer, malignant disease	13	9
Rheumatic Fever	1	1
Diabetes	2	..
Cerebral Hæmorrhage, &c.	12	8
Heart Disease	11	18
Arterio-sclerosis	4	1
Bronchitis	22	25
Pneumonia (all forms)	18	10
Other Respiratory Diseases .. .. .	..	2
Ulcer of Stomach or Duodenum	3	2
Diarrhœa, &c. (under 2 years)	4	2
Appendicitis and Typhlitis	1	..
Cirrhosis of Liver	2	..
Acute and Chronic Nephritis	4	3
Puerperal Sepsis .. .. .	..	..
Other Accidents and Diseases of Pregnancy and Parturition .. .. .	..	3
Congenital Debility & Malformation, Premature Birth	5	6
Suicide .. .. .	..	..
Other Deaths from Violence	9	5
Other Defined Diseases	20	28
Causes ill-defined or unknown .. .. .	..	..

TABLE IV.—DEATHS FROM EIGHT PRINCIPAL
ZYMOTIC DISEASES IN 1925.

Smallpox	...	...	...	...	0
Measles	...	...	..	...	5
Scarlet Fever	...	...	...	...	1
Diphtheria and Croup...	...	...	..	...	0
Whooping Cough	...	...	...	...	3
Typhus	...	...	...	...	0
Typhoid (Enteric) Fever	...	..	...	...	0
Diarrhœa and Enteritis (under 2 years of age)	...				6
Total					15

Zymotic Death-rate per 1,000 per annum—0·72.

TABLES V.—CAUSES OF INFANTILE DEATHS.

Premature Birth	...	..	...	...	4
Wasting Conditions (Atrophy, Debility, Marasmus, &c.)	5				
Congenital Malformations	...	...	...	...	3
Accidents at Birth	...	...	...	...	0
Congenital Syphilis	...	..	..	...	1
Diarrhœa and Enteritis	...	...	...	...	6
Whooping Cough	...	...	...	...	2
Bronchitis and Pneumonia	...	...	...	...	15
Measles	...	...	...	...	3
Tuberculosis	...	...	...	...	0
Meningitis (non-tubercular)	...	...	...	...	1
Convulsions	...	...	...	...	6
Accidental	...	...	...	...	0
Other Causes	...	...	...	...	5
Total					51

FORM A.

AMOUNT OF SHIPPING ENTERING THE DISTRICT
DURING THE YEAR.

	Number.	Tonnage.	Number Inspected		Number reported to be Defective.	Number of Orders Issued.
			By the M.O.H.	By the Inspector of Nuisances		
FOREIGN—						
Steamers	14	8,959	.	3	..	...
Sailing	3	302	.	3		...
Fishing ... ..	...	...	...	...		...
Total Foreign	17	9,261	...	6	...	
COASTWISE—						
Steamers	968	122068	...	...	...	...
Sailing	23	1396	...	...	...	...
Fishing	563	13026	..	...	...	...
Total Coastwise	1,554	136490	...	..		...
Total Foreign and Coastwise ...	1,571	145751	...	6		...

TABLE VI.—NOTIFIABLE DISEASES DURING THE YEAR.

DISEASE.	Total Cases Notified.	Under 1 Year.	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	Over 65	Admitted to Hospital.	Total Deaths.
Diphtheria ...	27	...	2	...	1	2	11	3	4	2	2	...	...	26	...
Scarlet Fever ...	152	1	1	5	7	17	69	28	11	10	2	1	...	144	1
Enteric Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia ...	17	...	2	2	...	1	2	...	1	2	2	3	2	...	11
Ophthalmia Neonatorum ...	5	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas ...	7	...	...	...	...	...	...	...	...	1	2	2	2	...	1
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chickenpox ...	38	2	...	5	2	6	23	...	...	...	...	...	...	...	...
Anterior Poliomyelitis ...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...

OPHTHALMIA NEONATORUM.—Five cases were notified during the year. These were all treated at home, and made good recoveries, the vision being unimpaired except in one case, where one eye is slightly affected

TABLE VII.—TUBERCULOSIS. NOTIFICATIONS AND DEATHS.

Age Periods.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	Male	Female	Male	Female	Male	Female	Male	Female
0—1 ... ..	...	...	...	...	...	...	...	...
1—5	1	...	2	1	...	...	1	1
5—10	3	2	2	1	...	1	1	...
10—15	1	5	2	...	1	...	1	1
15—20	3	2	2	3	1	1	2	1
20—25	2	5	...	...	2	2	...	...
25—35	2	5	...	...	...	3	...	...
35—45	2	4	...	1	...	...	...	1
45—55	1	3	...	...	1	...	...	...
55—65	2	...	...	...	...	...	...	...
65 and upwards	...	...	...	...	...	...	...	...
Totals	17	26	8	6	5	7	5	4

